## Position Description (EP)

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to DCF Personnel Services. Supervisors and incumbents are responsible for the completion of this form.

| CHECK ONE: ( ) NEW POSITIO  | N (X)EXIST | TING POSITION   |                                 |                   |  |
|---|------------|---|---------------------------------|-------------------|--|
| PART I - Position Description   |            |   |                                 |                   |  |
| 1. Agency Name 9. Position Number Ropartment for Children and Families K0151004 |            |   | 10. Budget Program Number 23611 |                   |  |
| 2. Employee Name (leave blank if position vacant)                               |            | Present Class Title (if existing page 11. Accountant II | position)                       |                   |  |
| 3. Division  Kansas City Region   |            | 12. Proposed Class Title                                |                                 |                   |  |
| 4. Section Operations   |            | 13. Allocation  |                                 |                   |  |
| 5. Unit Business Management Support (BMS)                                       |            | 14 (a). Effective Date                                  |                                 | 14 (b). FLSA Code |  |
| 6. Location (address where employee works) City County                          |            | 15. By  |                                 | Approved          |  |
| 7. (Circle appropriate time) Full Time X Perm X                                 | Inter      | 16. Audit Date:   |                                 | Ву:               |  |
| Part Time Temp  | %          | Date:   |                                 | Ву:               |  |
| 8. Regular Hours (circle appropriate time) From: 8:00 AM AM/PM To: 5:00 PM      | AM/PM      | 17.Position Reviews<br>Date:                            |                                 | By:               |  |
| PART I I - Organizational Information Area for use by Personnel Office          |            |   | onnel Office                    |                   |  |

18 (a). Briefly describe why this position exists. (What is the purpose, goal, or mission of the position)

This position exists to Supervise the Business Management Support Unit and to oversee the entire KC Region DCF Budget. It includes assurance of appropriate and accurate functioning of critical operations which support the work of the Kansas City Region including Fiscal, Purchasing, Audits and Risk Management. All regional fiscal policies and processes are developed and monitored by this position.

18 (b). If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new functionality added by law or other factors which changed the duties and responsibilities of the position.

| 19. | Who is the supervisor of this position? (Who assign                            | s work, gives directions, answers questions and is directly in charge.) |                           |  |
|-----|--|---|---------------------------|--|
|     | Name: Aletha Rogers  | Title: Asst. Regional Director Operations                               | Position Number: K0214663 |  |
|     | Who evaluates the work of an incumbent in this posi <b>Name:</b> Aletha Rogers | tion? Title: Asst. Regional Director Operations                         | Position Number: K0214663 |  |

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made

This position functions with considerable latitude to develop procedures and practices and to establish processes to achieve the necessary tasks. Instruction is given in general terms and is guided by policy, procedure manuals, consultation with Executive Team, Central Office and supervisory conferences. The incumbent is expected to be knowledgeable and skilled in administrative matters and able to carry out responsibilities with minimal instruction and guidance.

- d) Which statement best describes the result of error in action or decision of this employee.
  - ( ) Minimal property damage, minor injury, minor disruption of the work flow.
  - ) Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.
  - ( X ) Major program failure, major property loss, or serious injury of incapacitation.
  - ( ) Loss of life, disruption of operations of a major agency.

21. Describe the work of this position <u>using this page or one additional page only</u>. (Use the following format for describing job duties:)

What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (describe the result or outcome expected); \*How is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently performed). For each task state: Who reviews it? How often? What is reviewed for?

Number Each Task and Indicate Percent of Time and Identity of each function as essential or marginal by placing an  $\underline{E}$  or  $\underline{M}$  next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident or minimal part of the position

| No. | <u>%</u> | E OR M |   |
|-----|----------|--------|---|
| 1)  | 40%      | Е      | Budget and Fiscal Operations – Prepares, manages and monitors the Regions annual Salary and Other Operating Expenditure (OOE) Budget. Assures budget is accurate, supports the work and mission of the region, and that adequate resources are available throughout the fiscal year. Oversees all fiscal functions such as Accounts Payable, Travel, Fee Fund and Imprest Fund.   |
| 2)  | 25%      | E      | Accounting/Purchasing System Transaction Approval – Reviews and provides final approval for all of the Region's purchase requisitions, vendor payments, and travel and expense reports in the SMART system. Directs and supervises the payment process for EES and PPS providers. Assures accurate coding and entry; trouble shoots problem transactions or reports for entry error or system issues. Works with the DCF SMART HelpDesk and other Central Office staff to address and resolve problems, as necessary, and to assure regional services and operations are in place and working properly. |
| 3)  | 20%      | E      | Procurement and Purchasing – Oversees regional purchasing system and processes. May supervise staff who handles procurement, purchasing and inventory for KC Region. Assures budget allocations for such are managed accurately. Reviews projections and distribution plans with Central Office DCf and carries out DCF fiscal plans to assure the region is adequately supplied for the fiscal year to carry out the mission and services of the agency.   |
| 4)  | 10%      | E      | Audits – Represents KC Region as the point of contact for DCF Audits. Works closely with Central Office DCF Fiscal staff to prepare for audit activity and assures proper files, information, and work space is available for audits. Coordinates with the Director of Operations when response or corrective action is necessary as the result of an audit. Oversees the tracking of corrective action plans when in place.  |
| 5)  | 5%       | E      | <u>Risk Management</u> – Coordinates with Central Office and KC Region Legal to assess potential risks to the Region. Recommends appropriate course of action to Director of Operations or other appropriate Executive Team member, when necessary.   |

<sup>\*</sup> The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability.

| There would be a major breakdown in functions and procedures which support the m services if staff are not able to access the information and resources necessary to provide             | ē ;   |
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| 23. a. If work involves leadership, supervisory, or management responsibilities, check th  ( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.              | e statement which best describes the position                                 |
| <ul><li>( ) Lead worker assigns, trains, schedules, oversees, or reviews work of others.</li><li>( X ) Plans, staffs, evaluates, and directs work of employees of a work unit.</li></ul> |   |
| ( ) Delegates authority to carry out work of a unit to subordinate supervisors or m  | lanagers.   |
| b. List the class titles and position numbers of all persons who are supervised directle   | y by employee in this position.   |
| Class Title P  | osition/KIPPS Number  |
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| 24 Franks and a side of an allow franks and a side of a subli-   | ath an annula and a fifth in lea  |
| 24. For what purpose, with whom and how frequently are contacts made with the public   | , other employees or officials?   |
| This position has frequent contact with DCF Central Office staff, landlords, vendors, reg implement, manage and coordinate regional functions.   | ional employees, customers and the general public. Contacts are made to       |
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| 25. What hazards, risks or discomforts exist on the job or in the work environment?  | _   |
|  |   |
| Work environment is a normal office setting where there is a comfortable level of ventila<br>Position requires a considerable amount of time spent at a computer and a monitor screen    |   |
| Travel throughout the region increases the risk of injury in vehicle accidents.  |   |
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| 26. List machines on souisment which are summethy used to complete the tools on machines   | stion standards for this position. Indicate the frequency with which they are |
| 26. List machines or equipment which are currently used to complete the tasks or productused.  | non standards for this position. Indicate the frequency with which they are   |
| PCDaily  |   |
| TelephoneDaily CalculatorDaily   |   |
| Shredder - Daily   |   |
| Copier, Scanner and FAXDaily   |   |
|  |   |

22. List the consequences of <u>not</u> performing the essential functions of this position as identified in Section 21.

| PART III - Education, Experience and Physical Requirements Information |                                   |  |                           |  |
|--|-----------------------------------|--|---------------------------|--|
| 27. Minimum Qualifications as stated in the S                          | State of Kansas Class Specificat  | ions.  |                           |  |
| Two years' experience in professional accoun                           | ting/auditing work. Experience    | may be substituted for Education -Accounting/Business degree.  |                           |  |
|  |                                   |  |                           |  |
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|  |                                   |  |                           |  |
| 28. SPECIAL REQUIREMENTS   | ::4: 4 <b>1</b> -4 4-             | and the control for the control of t |                           |  |
| A. State any additional qualifications for th                          | is position that are necessary to | perform the essential functions of this position. (License, registr  | ation or certification).  |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
| B. List any skill codes or selective certifica                         | tion required for this position   | Selective certification must first be approved by the State Divisio  | n of Personnel Services   |  |
| B. East any skin codes of selective certifica                          | tion required for this position.  | solective estational mass most be approved by the blace Birisio  | n of reisonner bervices.  |  |
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|  |                                   |  |                           |  |
| C. List preferred education or experience th                           | at may be used to screen applic   | ants.  |                           |  |
|  |                                   | ncluding Excel and Access. Strong background   |                           |  |
|  |                                   | rience using SMART software, or at least C   |                           |  |
| =  |                                   | governmental agency is preferred. Experien   | nce supervising           |  |
| fiscal staff is preferred. Exper-                                      | ience in developing a             | nd monitoring budgets.   |                           |  |
|  | <del> </del>                      |  |                           |  |
|  |                                   | functions (focus on results, not methods of obtaining results).  | cent periods of time at a |  |
| computer.  | Topeka as needed to perform       | job duties. Work is sedentary in nature and often requires signific  | cant periods of time at a |  |
| -  |                                   |  |                           |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
| 20. Describe any methods techniques or pro                             | and was that must be used to in   | ure safety for equipment, employees, clients and others.   |                           |  |
|  |                                   | nd vendors are expected to display their access badge (ID) when  | at the work site and to   |  |
| comply with the approved safety policies and                           |                                   |  |                           |  |
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| PART IV - Signatures   |                                   |  |                           |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
| Signature of Employee  | Date                              | Signature of Personnel Officer   | Date                      |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
|  |                                   |  |                           |  |
| Signature of Supervisor  | Date                              | Signature of Agency Head or Appointing Authority   | Date                      |  |